



STATE OF RHODE ISLAND  
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No. EE <b>3714</b>	Date Filed <b>2009 MAY 22 P 12:23</b>
AMENDED	

IN THE MATTER OF  
Central Falls Detention Facility Corporation  
  
-AND-  
Fraternal Order of Police Lodge 50  
  
EMPLOYER  
  
EMPLOYEE REPRESENTATIVE

PETITION FOR INVESTIGATION OF  
CONTROVERSIES AS TO  
REPRESENTATION  
PURSUANT TO R.I.G.L. 28-7-16  
RI STATE LABOR RELATIONS ACT

FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED

1. Type of Petition (Check one)  
☒ Petition by or on behalf of employees seeking **certification** of any Employee Organization.  
☐ Petition by or on behalf of employees seeking **decertification** of any Employee Organization.  
☐ Petition by Employer seeking to resolve claim of representation by one or more Employee Organizations.
2. Name of Employer: Central Falls Detention Facility Corporation, Donald W. Wyatt Detention Facility  
Address: 950 High Street Central Falls, Rhode Island 02863  
Representative (if known): Joseph P. Moran, III Telephone Number: 401 729 1190
3. Name of Employee Organization: Fraternal Order of Police Lodge 50  
Address: 3 Barns Street, Greenville, Rhode Island 02828  
Telephone Number: 401-226-3089 Facsimile: \_\_\_\_\_ Email: frankjbotellio@aol.com
4. Unit Involved – **List specific titles of positions to be included in proposed unit and attach a copy of job descriptions, if available. (Attach additional sheets if necessary)**  
**Included:** All Correction Officers

**Excluded:** Major, Captain, Lieutenant, Sergeant, Investigator

5. Number of employees in unit sought: 110  
A. If the Petitioner seeks to represent a unit of employees who are **currently represented** for the purpose of collective bargaining, is the petition filed within the thirty (30) day "window period" as outlined in R.I.G.L. 28-7-9?  
☐ YES ☐ NO ☒ N/A  
B. Recognized or certified bargaining agent (Incumbent Labor Organization):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
If certified, give Certification Number: \_\_\_\_\_ Date Certified: \_\_\_\_\_  
Current Certification of Representatives: ☐ Attached  
Expiration Date of most recent Collective Bargaining Agreement: \_\_\_\_\_  
Month/Day/Year

6. List other Employee Organizations known to have an interest in the employees previously described.  
Name(s): \_\_\_\_\_  
Address(es): \_\_\_\_\_

**Note: Upon submission of this Petition for either Representation or Decertification, Cards of Interest with a showing of at least thirty percent (30%), must accompany this Petition.**

Pursuant to R.I.G.L. 28-7-16, the undersigned requests that the Rhode Island State Labor Relations Board investigate the question or controversy of representation of employees, and certify to all persons concerned the name(s) of the representatives who have been designated or selected by said employees.

PETITIONER: [Signature] DATE: 5/22/09  
SIGNATURE  
Name: Jack Parlon Title: Labor Services Representative, NFOP  
Address: 13 Whistler Lane Kingston, MA 02364  
Telephone: 617 835 4586 Cellular No. 617 835 4586  
Facsimile: \_\_\_\_\_ Email: jparlon@fop.net